

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/19/96 2 Serial/Patent #: 08/549,316

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 305
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 305

8 TO BE REFUNDED BY:

<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> No Fee Due (Explanation):	9 <u>19--0036</u>

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Tanya Clark TITLE: Examiner  
 SIGNATURE: Tanya Clark PHONE: 305-7901  
 OFFICE: 01PF

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Frankie Charles DATE: 6-5-96

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	060	1	08549318	00352	960408	960412	581	40.00
C	030	1	08549318	00067	960408	960415	101	750.00✓
C	030	1	08549318	00068	960408	960415	105	130.00
C	030	1	08549318	00069	960408	960415	104	250.00✓
C	030	1	08549318	00070	960408	960415	103	3,346.00
C	030	1	08549318	00071	960408	960415	115	110.00
D	180	1	190036	18174	960408	960613	103	308.00-

MORE TRANSACTIONS

750  
25  
3038

END OF YOUR QUERY